

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/937696

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10			1			
11				1		
12				1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9		8			
TOTAL CLAIMS	10		9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE COPY